PTO/SB/22 (05-03)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional) **TESSERA 3.0-078 DIV**

| | | In re Application of | | | | |
|-------|---|--|-------------------------|------------------------------|------------------------------|--|
| 10000 | SDIRETA1 00000155 121095 09020647 1970.00 DA | Application Number 09/020,647 | | Filed | Filed February 9, 1998 | |
| :1255 | | For: METHODS OF MAKING COMPLIANT SEMICONDUCTOR CHIP PACKAGES | | | | |
| | | Art Unit | 2827 | Examiner | D. Graybill | |
| | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | |
| | One month (37 CFR 1.17(a)(1)) | | | <u>\$</u> \$ | | |
| | Two months (37 CFR 1.17(a)(2)) | | | | | |
| | Three months (37 CFR 1.17(a)(3)) | | | | | |
| | Four months (37 CFR 1.17(a)(4)) | | | | | |
| | X Five months (37 CFR 1.17(a)(5)) | | | \$_ | 1,970.00 | |
| | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 . | | | | | |
| | I have enclosed a duplicate copy of this sheet. | | | | | |
| | I am the applicant/inventor. | | | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| | x attorney or agent of record. | | | | | |
| | attorney or agent under 37 CFR 1.34(a). | | | | | |
| | attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) July 8, 2003 | | | | | |
| | Vignature | | | | | |
| | Date | | | J | | |
| | (908) 518-6337 Michael J. Doherty Telephone Number Typed or Printed Name | | | | | |
| | NOTE: Signatures of all the inventors or ass than one signature is required, see below | ignees of record of the entir | e interest or their rep | presentative(s) are required | Submit multiple forms if mor | |
| | | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents P.O. Bax 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 8, 2003

Signature: (Michael J. Doherty)